

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/511,180
	Filing Date	10/14/2004
	First Named Inventor	Lydie Livolsi Tchouangang
	Title	ADJUSTABLE IMPRESSION TRAY WITH VARIABLE GEOMETRY
	Art Unit	3732
	Examiner Name	
	Attorney Docket Number	LIVLYD P02AUS

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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Practitioner(s) Name	Registration Number
Scott Daniels	42,462

Please recognize or change the correspondence address for the above-identified application to:

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<input type="checkbox"/> Firm or Individual Name	Daniels Patent Law PLLC				
Address	43 Centre Street				
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Telephone	(603)226-8810	Email	scott@danielspatentlaw.com		

I am the

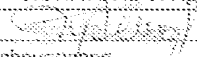
☒ Applicant/Inventor.

OR

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/95) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10-5-2010
Name	Lydie Livolsi Tchouangang	Telephone	(510) 457-9887
Title and Company	Dentalwig LLC		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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